

DEPARTMENT OF INSPECTIONS, LICENSE AND PERMITS  
BOARD OF ELECTRICAL EXAMINERS  
220 SOUTH MAIN STREET  
BEL AIR, MARYLAND 21014

PHONE 410.638.3363  
410.638.3364  
410.638.3056

**APPLICATION FOR ELECTRICIAN'S LICENSE**

Make checks payable to Harford County – **DO NOT SEND CASH**

- |  |  |
|--|--|
| <input type="checkbox"/> <b>MASTER</b>             | \$90 Two year term. Renewed in odd number year.  |
| <input type="checkbox"/> <b>JOURNEYMAN</b>         | \$30 Two year term. Renewed in even number.  |
| <input type="checkbox"/> <b>LIMITED</b>            | \$70 Two year term. Renewed in even number year.                                       |
| <input type="checkbox"/> <b>RESTRICTED</b>         | \$70 Two year term. Renewed in even number year.                                       |
| <input type="checkbox"/> <b>INACTIVE</b>           | Fee only. Two year term. Insurance not required.                                       |
| <input type="checkbox"/> <b>INACTIVE INSPECTOR</b> | Fee only. (Harford County Inspectors fee waived, Harford County Code, 105-48.B.(1)(b)) |

**LICENSEE INFORMATION**

Name: \_\_\_\_\_  
First Middle Last

Permanent Home Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

**REQUIRED INFORMATION**

1. Have you ever been convicted of a felony or misdemeanor in any State or Federal Court?  
**Yes** ☐ **No** ☐
2. Have you ever had this type of license denied, suspended, or revoked by Maryland, the District of Columbia or any other State or jurisdiction? **Yes** ☐ **No** ☐
3. Have you been convicted of, or received probation before judgment for, any drug offense committed after January 1, 1991? **Yes** ☐ **No** ☐
4. Are you an electric inspector in another Jurisdiction? **Yes** ☐ **No** ☐

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### INSURANCE COVERAGE

The minimum amounts of insurance coverage required per occurrence is at least \$400,000 and consist of:

General Liability Insurance in the amount of at least \$300,000 **AND**  
Property Damage Insurance in the amount of at least \$100,000

The certificate holder shown shall be the Harford County Electrical Board  
220 South Main Street, Bel Air, Maryland 21014

The certificate of Insurance shall reflect the name and permanent registration/certificate number of the licensed person as being insured as a part of the policy, and the policy shall be written through a company approved by the Maryland State Insurance Administration to issue such policies in Maryland.

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Local Insurance Agent: \_\_\_\_\_

Local Agent's Phone Number: \_\_\_\_\_

Local Agent's Address: \_\_\_\_\_

### ASSIGNMENT OF LICENSE

Persons to be licensed as a Qualified Agent.  
List the company to which you will assign your license:

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Phone Number: \_\_\_\_\_

I hereby certify, under penalty of perjury, that the information contained herein is true and correct to the best of my knowledge, information, and belief. I further authorize the release of any information contained within this application to an authorized representative of the Department of Inspections, Licenses and Permits for further investigation.

Pursuant to Maryland law, any master electrician insured to contract work who fails to maintain the required liability and property damage insurance shall be subject to a formal hearing which may result in the suspension or revocation of their license.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date